

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025964

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 27

Primary Registration District No. 509

Registrar's No. 149

FILED AUG 14 1962

1. PLACE OF DEATH

a. COUNTY

Bates

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Lone Oak Twp.

Length of stay in 1b
instat

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY ~~Bates~~

c. CITY OR TOWN Kansas City Mo

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 7 Miles S Butler Mo

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
7750 Madison

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First
CLIFFORD

Middle
BENJAMINE

Last
MARTIN

4. DATE OF DEATH

Month
Aug.

Day
5

Year
1962

5. SEX

Male

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Jan 11/98 64

9. AGE (last birthday)

IF UNDER 1 YEAR

Months 6 Days 24

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk Dress Co.

10b. KIND OF BUSINESS OR INDUSTRY

Nellie Don Co.

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Layfette Martin

13b. MOTHER'S MAIDEN NAME

Ann.....

14. NAME OF HUSBAND OR WIFE

Elizabeth Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
yes WWI and WWII

17. INFORMANT

Mrs Roger Miller,

Address 5818 Nall K. C. K.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Skull fracture with multiple fractures chest & legs.

INTERVAL BETWEEN ONSET AND DEATH
Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Car collision

20c. TIME OF INJURY
Hour 1:pm
a.m.
p.m.

Month, Day, Year
Aug 5/62

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Highway 71 - S.W. S. Butler

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Butler Bates Mo.

21. I attended the deceased from _____ to _____ and last saw him alive on _____
Death occurred at 1PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Doctor or title)

22b. ADDRESS

22c. DATE SIGNED

23a. CREMATION, REMOVAL (Specify)

23b. DATE
8/8/62

23c. NAME OF CEMETERY OR CREMATORY
Crescent Hill

23d. LOCATION (City, town, or county)

Adrian Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Culver Underwood, Butler Mo.

8-7-1962

Norma Jean Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

3

4 10

5 1

6

7 0

8 2

9 X

10

11 007

12 1-3

13 1-0

AUG 21 1962

AUG 20 1962

AUG 29 1962

OCT 25 1962

AUG 16 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert G. Stenlund

Licensed Embalmer No. 4657

P. O. Address Butte, MT

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.